

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PHUS040123
	First Named Inventor	James Adkins Froman
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EXTERNAL DEFIBRILLATOR TRAINING MODE AND METHOD OF USE

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.


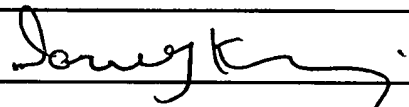
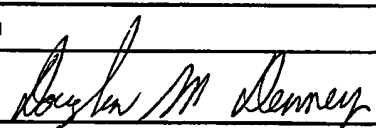
Best Available Copy

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label		28159		OR		<input type="checkbox"/> Correspondence address below			
Philips Electronics North America Corporation											
Name											
Address											
City				State			ZIP				
U.S.A.				425-487-7152			425-487-8135				
Country				Telephone			Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				James Adkins			Family Name or Surname			Froman	
Inventor's Signature				<i>James A. Froman</i>				Date		3-18-04	
Issaquah				WA		US		US			
Residence: City				State		Country		Citizenship			
P. O. Box 3003											
Mailing Address											
Bothell				WA		98041-3003		US			
City				State		Zip		Country			
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Patrick Lee			Family Name or Surname			Hauge	
Inventor's Signature				<i>Pat Lee</i>				Date		3-16-04	
Bellevue				WA		US		US			
Residence: City				State		Country		Citizenship			
P. O. Box 3003											
Mailing Address											
Bothell				WA		98041-3003		US			
City				State		Zip		Country			
<input checked="" type="checkbox"/> Additional Inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.											

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 1 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Hans Patrick		Glosser	
Inventor's Signature 		Date <u>3-16-04</u>	
Bainbridge Island Residence: City	WA State	US Country	US Citizenship
P. O. Box 3003 Mailing Address			
Mailing Address			
Bothell City	WA State	98041-3003 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Daniel John		Kingsbury	
Inventor's Signature 		Date <u>3/16/2004</u>	
Seattle Residence: City	WA State	US Country	US Citizenship
P. O. Box 3003 Mailing Address			
Mailing Address			
Bothell City	WA State	98041-3003 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Douglas Michael		Denney	
Inventor's Signature 		Date <u>16 Mar 2004</u>	
Sammamish Residence: City	WA State	WA Country	WA Citizenship
P. O. Box 3003 Mailing Address			
Mailing Address			
Bothell City	WA State	98041-3003 Zip	US Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 2 of 2


Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ann		Thorn	
Inventor's Signature <i>Ann Thorn</i>		Date <i>3/16/04</i>	
Vashon Residence: City	WA State	US Country	US Citizenship
P. O. Box 3003 Mailing Address			
Mailing Address			
Bothell City	WA State	98041-3003 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Thomas Allen		Solosko	
Inventor's Signature <i>Thomas Allen</i>		Date <i>03/16/04</i>	
Issaquah Residence: City	WA State	US Country	US Citizenship
P. O. Box 3003 Mailing Address			
Mailing Address			
Bothell City	WA State	98041-3003 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Thomas Dean		Lyster	
Inventor's Signature <i>Thomas Dean</i>		Date <i>3-16-04</i>	
Bothell Residence: City	WA State	WA Country	WA Citizenship
P. O. Box 3003 Mailing Address			
Mailing Address			
Bothell City	WA State	98041-3003 Zip	US Country

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kim Johnnie		Hansen	
Inventor's Signature 		Date <u>3/16/4</u>	
Residence: City	WA State	US Country	US Citizenship
P. O. Box 3003 Mailing Address			
Mailing Address			
Bothell City	WA State	98041-3003 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
P. O. Box 3003 Mailing Address			
Mailing Address			
Bothell City	WA State	98041-3003 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
P. O. Box 3003 Mailing Address			
Mailing Address			
Bothell City	WA State	98041-3003 Zip	US Country

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

28159

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

28159

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone			Fax

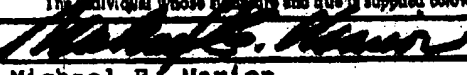
Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.
Groenewoudseweg 1
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/95 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	02 FEB 2005
Name	Michael E. Marion	Telephone	(914) 333-9637
Title	Authorized Representative		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: KONINKLIJKE PHILIPS ELECTRONICS N.V.

Application No./Patent No.: _____ Filed/Issue Date: _____

Entitled: External Defibrillator With Training Mode and Method of Use

Koninklijke Philips Electronics N.V., a corporation
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
 The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at
 Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at
 Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at
 Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

W Brinton Yorks, Jr.
 Signature

25 July 06
 Date

W. Brinton Yorks, Jr. Reg. #28,923
 Printed or Typed Name

425-487-7152
 Telephone Number

Authorized Appointed Practitioner of Assignee
 Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SOLE/JOINT ASSIGNMENT

For good and valuable consideration, receipt of which is hereby acknowledged, I/we, as a below-named Assignor(s), hereby sell, assign, and transfer the entire and exclusive right, title, and interest in the following to **Koninklijke Philips Electronics N.V.**, having a place of business at Groenewoudseweg 1, 5621 BA Eindhoven, NL, its successors, assigns, and legal representatives, including any nominees (collectively "the Assignee"):

my/our invention relating to **EXTERNAL DEFIBRILLATOR TRAINING MODE AND METHOD OF USE**

for which

☐ a U.S. provisional application for patent will be filed in the United States Patent and Trademark Office,

☒ a U.S. provisional patent application was filed in the United States Patent and Trademark Office on 02/10/2004 having a Serial Number 60/543,142,

(2) the foregoing application and all other United States, foreign and international patent applications associated therewith, based thereon, or claiming priority therefrom including, but not limited to, any and all provisionals, non-provisionals divisions, continuations, continuations-in-part, reexaminations, reissues, and extensions thereof, and

(3) the right to claim priority thereto, and the entire and exclusive right, title, and interest in and to any and all patents granted on these applications.

I/We authorize and request that the Patent Office officials in the United States and in any and all foreign countries to issues any and all Letters Patent when granted, solely to **Koninklijke Philips Electronics N.V.**, for its sole use, and that of its successors, assigns, and legal representatives.

I/we will provide my/our cooperation to enable the Assignee to enjoy the foregoing right, title, and interest to the fullest extent. Upon request at the expense of the Assignee, I/we agree to execute all papers, take all rightful oaths, testify in all legal proceedings including patent prosecutorial actions and infringement actions, and do all other such acts which may be necessary, desirable, or convenient for securing and maintaining patents on the foregoing invention or for perfecting title thereto in the Assignee.

I/We certify that I/we have the full right to convey the above rights.

3-18-04

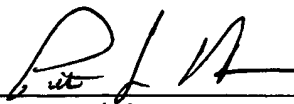
Date

(signature)

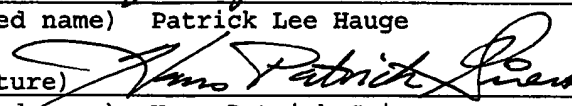
(printed name) James A Froman

, Assignor

3/16/04
Date

(signature) , Assignor
(printed name) Patrick Lee Hauge

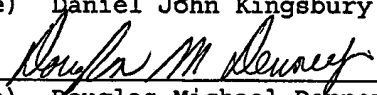
3-16-04
Date

(signature) , Assignor
(printed name) Hans Patrick Griesser

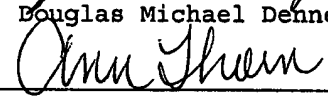
3/16/04
Date

(signature) , Assignor
(printed name) Daniel John Kingsbury

3/16/04
Date

(signature) , Assignor
(printed name) Douglas Michael Denney

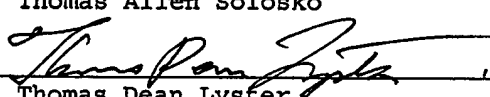
3/16/04
Date

(signature) , Assignor
(printed name) Ann Thorn

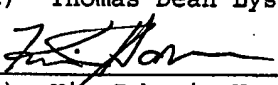
03/16/04
Date

(signature) , Assignor
(printed name) Thomas Allen Solosko

3-16-04
Date

(signature) , Assignor
(printed name) Thomas Dean Lyster

3/16/04
Date

(signature) , Assignor
(printed name) Kim Johnnie Hansen